

# Masterpalm Properties Limited

## Brierfields

### Inspection report

Brierley Avenue  
Failsworth  
Manchester  
Greater Manchester  
M35 9HB

Tel: 01616815484

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### Ratings

#### Overall rating for this service

Requires Improvement ●

Is the service safe?	<b>Requires Improvement</b> ●
Is the service effective?	<b>Requires Improvement</b> ●
Is the service caring?	<b>Good</b> ●
Is the service responsive?	<b>Good</b> ●
Is the service well-led?	<b>Requires Improvement</b> ●

# Summary of findings

## Overall summary

At our inspection in February 2017 we found the service was in breach of three of the Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, although we found some improvements had been made, we identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we identified a breach of Regulation 12 in relation to medicines management and Regulation 17 in relation to governance. We also identified a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 (part 4). Notification of other incidents. This was because the provider had failed to notify the Care Quality Commission of authorised Deprivation of Liberty Safeguards. You can see what action we told the provider to take at the back of this report.

We have made three recommendations. These are in relation to improving hand hygiene practices, improving the garden environment and the role of a newly recruited deputy manager.

The service was put in 'special measures' following our inspection in September/October 2016. Following our inspection in February 2017 the service remained in 'special measures'. This was because the well-led key question was rated 'inadequate', although the overall rating for the service was 'requires improvement'. We asked the provider to send us an action plan which stated how the breaches would be addressed. This inspection was to check improvements had been made and to review the ratings.

Brierfields is a single storey care home in Failsworth, Oldham. It is registered to provide care and support for up to 37 people. At the time of our inspection there were 20 people living at the home. All bedrooms are single occupancy and have an en suite toilet and sink. There are two enclosed garden areas, one of which is accessible for people who require wheelchairs. Car parking is available within the grounds.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. At our last inspection in February 2017 we found that although the service had a manager who had taken up their position in September 2016 they had not taken steps to register with the CQC. At this inspection we found the manager had registered with the CQC and their registration had taken effect in June 2017.

The home was clean and free from any unpleasant odours. However, some of the communal areas were in need of redecoration. Environmental checks of the home, such as for the gas and electricity supply were up-to-date. However the fire risk assessment was out-of-date. Arrangements have been made for a new fire risk assessment to be carried out.

We saw that some staff did not always follow good infection control practices, including failure to wash their hands or wear protective gloves. We have made a recommendation for the provider to reinforce good hand

hygiene practice to all staff.

There were systems in place to help safeguard people from abuse. Staff understood what action they should take to protect vulnerable people in their care. Recruitment checks had been carried out on all staff to ensure they were suitable to work in a care setting with vulnerable people. At the time of our inspection there were sufficient staff to respond to the needs of people promptly.

We identified shortfalls in the management of medicines, including lack of protocols for 'as required' medicines.

New staff received an induction and all staff received regular supervision. Staff we spoke to told us they had received training in areas such as moving and handling and safeguarding procedures and we did not observe any poor care practice on our inspection. The registered manager was in the process of up-dating the training matrix, which was out of date. However this had not been completed at the time of our inspection. This meant it was difficult for the registered manager to have a clear picture of which staff had received training.

Staff encouraged people to make choices where they were able to and sought consent before undertaking care. The service was working within the principles of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). We identified that the registered manager had not informed us of DoLS applications. This is a failure to notify us.

People were supported to eat and drink sufficient amounts to meet their needs and they told us the quality of food was good. A variety of activities were available for people to participate in.

People we spoke with were complimentary about the staff and we saw kind and caring interactions between staff and people who used the service. People's support plans were 'person-centred' and were reviewed regularly.

People were supported to maintain good health and where needed, specialist healthcare professionals were involved with their care.

We saw that the service had improved since our last inspection and people we spoke with told us this was the result of the hard work and motivation of the registered manager. Through discussions with the registered manager during our inspection we found them to be committed to ensuring the improvements already made were sustained in the future and to developing the service further.

The service was put in 'special measures' following our inspection in September/October 2016. Following our inspection in February 2017 the service remained in 'special measures'. This was because the well-led key question was rated 'inadequate', although the overall rating for the service was 'requires improvement'. Services that are in 'special measures' are kept under review and are inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe. At this inspection we found that improvements had been made to the service and it is therefore no longer in 'special measures'.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not consistently safe.

Arrangements were in place to safeguard people from harm. Staff were aware of their responsibility to report any possible abuse. The recruitment process was robust. This ensured staff were safe to work with vulnerable adults.

The environment was clean and free from unpleasant odours. However, some of the communal areas were in need of redecoration.

The management of medicines was not carried out in a consistently safe way. □

### Is the service effective?

**Requires Improvement** ●

The service was not consistently effective.

The provider was meeting the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

New staff received an induction and all staff received regular supervision.

The training matrix was not up-to-date. Therefore we could not be sure staff had received the necessary training.

### Is the service caring?

**Good** ●

The service was caring.

People were treated with dignity and respect.

Interactions between staff and people who used the service were kind and caring.

### Is the service responsive?

**Good** ●

The service was responsive.

Care plans were person-centred and were reviewed regularly to ensure they were up-to-date.

The service had a system in place for receiving, handling and responding to complaints.

End of life care was carried out in a respectful and supportive manner.

**Is the service well-led?**

The service was not consistently well- led.

There was a registered manager in post.

There was a lack of systems in place to monitor the quality of care and service provision at the home.

**Requires Improvement** 

# Brierfields

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was an unannounced inspection which took place on 10 and 11 October 2017. The inspection was carried out by two adult social care inspectors, an inspection manager and an expert by experience. An expert by experience is a person who has personal experience of using this type of service or caring for someone who uses this type of care service. The expert by experience on this inspection had experience of working with older people with dementia.

Before the inspection we reviewed information we held about the service. This included the previous inspection report from our last inspection in February 2017 and the provider information return (PIR). A PIR is a document that asks the provider to give us some key information about the service, what the service does well and any improvements they are planning to make. We also reviewed the statutory notifications the CQC had received from the provider. Notifications are changes, events or incidents that the provider is legally obliged to send to us without delay.

Prior to the inspection we contacted the local authority and Healthwatch to ask if they had any concerns about the service, which they did not. Healthwatch is an independent national champion for people who use health and social care services.

During our visit we spoke with the registered manager, a senior carer, three carers, an apprentice, a person on work experience, the activities coordinator, the chef, and two visiting health care professionals. We spoke with five people who lived at the home and four relatives/friends. We looked around the building, including the communal areas, toilets and bathrooms. We spent time observing a lunchtime meal and watched the administration of medicines. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who cannot talk with us.

As part of the inspection we reviewed the care records of four people living in the home. The records included their care plans and risk assessments. We reviewed other information about the service, including records of training and supervision, three staff personnel files and maintenance and servicing records

# Is the service safe?

## Our findings

People told us that Brierfields was a safe place in which to live. One regular visitor told us they considered the home to be a "Safe haven". The service had a safeguarding policy to guide staff on best practice and staff we spoke with told us they had received training in safeguarding vulnerable adults and understood how to recognise the signs of abuse, such a change in a person's behaviour, or visible signs, such as marks or bruises. One carer told us "Safeguarding is about making sure everyone is in a safe environment". They went on to say that they felt confident they could report any safeguarding concerns they had with the registered manager. We saw from the safeguarding log that safeguarding concerns were reported to the local authority so that investigations could be carried out if required. From our records we saw that the service had reported safeguarding and police incidents to the Care Quality Commission in line with their registration requirements.

During our inspection we looked round all areas of the home to check on the maintenance and cleanliness of the building. We found the communal areas were clean and there were no unpleasant odours. We viewed six bedrooms which smelled fresh and were very clean. We noted the environment generally required updating and the communal areas were in need of redecoration. The registered manager said she was aware of this and was in discussion with the provider regarding such.

We saw that the home was secure. The entrance was kept locked and people could not enter the building without being let in by a member of staff. There was a 'signing in' book. This ensured staff were aware of who was in the building at any time. Areas where it was not safe for people to enter, such as cleaning cupboards where chemicals were stored, were kept locked.

All checks and servicing of equipment, such as for the gas and electricity, portable appliance testing (PAT), and hoists were up-to-date. This showed equipment was well maintained and safe to use. There were systems in place to protect staff and people who used the service from the risk of fire. Firefighting equipment, such as extinguishers and the alarm system were regularly checked and the fire exits were all clear at the time of our inspection. However, the fire risk assessment was dated July 2011. We have asked for an up-to-dated fire risk assessment to be completed. We also found that two people living at the home did not have a personal emergency evacuation plan (PEEP) in place. PEEPs explain how each person would be evacuated from the building in the event of an emergency, and contain information about their mobility. We have had confirmation that these have now been completed.

We looked at what systems were in place to prevent and control the spread of infection. Toilets and bathrooms had adequate supplies of liquid soap and paper towels and displayed handwashing posters which showed the correct method for thorough handwashing.

During our inspection we observed that several members of staff did not follow safe infection control practices. We saw that one member of staff wore a long sleeved cardigan while carrying out care tasks. They also had false nails. Department of Health guidelines on the prevention and control of infection in care homes advise that care staff should wear short-sleeved uniforms, as cuffs can become contaminated with



bacteria. In addition, short sleeves enable staff to adopt good hand hygiene practises. Nails should be kept short and free from acrylics/artificial finger nails, as these can harbour micro-organisms, become chipped or detached. While watching the administration of medicines we saw that the member of staff took tablets out of a medicine pot with their bare hands and put them in a person's mouth. They did not wear gloves, or wash their hands before or after doing this. We also saw a member of staff handling food and feeding a person without washing their hands, or wearing gloves. We recommend that the provider takes steps to reinforce good hand hygiene practice with all staff.

The kitchen had achieved a rating of five stars at the last environmental health inspection in October 2016, which meant food ordering, storage and preparation were safe. We inspected the kitchen and found it to be clean and tidy and the cleaning schedules and records of fridge and freezer temperatures up-to-date.

We inspected the systems in place for the safe storage and management of medicines. The service had a secure medicines room where the medicines trolleys were secured to the wall. Medicines should be stored at the correct temperature to maintain their efficacy and daily checks made of the fridge temperature to ensure it is working correctly. When we checked the medicines fridge temperature we found that this had not been recorded consistently. We found gaps in the records for twelve days during September 2017. This meant we could not be sure that medicines had been stored at the correct temperature. Medicines not stored at the correct temperature may become ineffective.

As part of our inspection we reviewed the Medicines Administration Records (MARs). We checked the records for one person who was prescribed morphine, a controlled drug, for their pain relief. A controlled drug is one that requires stricter controls in order to prevent it from being misused, obtained illegally and causing harm. The label on the morphine bottle said the prescribed dose was 1.25mls to 2.5mls every two hours, as required. We saw from the MAR that sometimes the person received 1.25mls and at other times 1.50mls. There was no indication in the record as to how staff decided which dose to administer, such as by the use of a pain scale. There was no 'as required' (prn) protocol in place to guide staff on the administration of this medicine. We found the most recent dose had been signed as given in the controlled drug book, but not countersigned by another member of staff, which is a legal requirement.

Another person had been prescribed the drug 'Co-dydramol' for pain relief. Their prescription was for one or two tablets as required. On their chart there was no indication when the tablet had been given if they had received one or two tablets. Again, there was no 'as required' protocol in place.

We were told that occasionally there were nights when there was not a member of staff on duty who had been trained in the administration of medicines. When this was the case and a person required medication, such as pain relief, one of the night carers 'phoned the registered manager and she attended the home to administer the medicine. This meant there could be a delay in the person receiving their pain relief. However, the registered manager told us this situation was improving through further training.

These shortfalls in medicines management demonstrate a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

We reviewed four staff personnel files and found that they contained all the required documentation, including application forms, reference checks and photographic confirmation of identification. All staff had Disclosure and Barring Service (DBS) criminal record checks in place. These help the provider to make an informed decision about the person's suitability to work with vulnerable people, as they identify if a person has had any criminal convictions or cautions. Our checks of the personnel files showed that staff employed by the service had been through a thorough recruitment process.

At our inspection in February 2017 we found that risk assessments were not always accurate and did not always have corresponding care plans. This was a breach of Regulation 17 of the Health and Social Care 2008 (Regulated Activities) Regulations 2017. At this inspection we found the provider was compliant in this area. The four care records we reviewed showed that risks to people's health, such as poor nutrition, falls and risk of pressure sores had been assessed and where needed plans put in place to help minimise the identified risks.

From our observations during the inspection and from reviewing the staff rota we saw that there were enough staff on duty to meet peoples' needs promptly. In addition to senior carers and carers, the service employed a maintenance person, chef, an activities coordinator and domestic staff. There was also a person doing their work experience placement as part of their Diploma in Health which they were undertaking at a local college. An apprentice carer had recently joined the staff team. They were undertaking a twelve month 'carer' apprenticeship at the home. People living at Brierfields were cared for by a varied staff team.

## Is the service effective?

### Our findings

All new staff received a four day induction programme, followed by a period of shadowing experienced staff until they felt confident to work unsupervised. The induction programme, which covered areas such as policies and procedures, meal preparation, personal care, documentation, pressure area care, moving and handling and the use of specialist moving equipment helped prepare new employees with the skills to work with people living at the home.

Staff we spoke with confirmed they received regular supervision and that they found it helpful. Supervision meetings provide staff with an opportunity to discuss their progress and any learning and development needs they may have.

We looked at what training staff had received. Staff we spoke with told us they had completed a variety of refresher training courses, for example in health and safety, first aid and moving and handling and some staff had completed a National Vocational Qualification (NVQ) level 2 or 3 in Health and Social Care. We were provided with a training matrix, which is a document used to aid planning and monitoring of training. However, this was incomplete and there were significant gaps. For example, in the column detailing which staff had completed annual infection control training we saw that the record showed that only four people had completed this training in 2017. During our inspection we identified poor infection control practices, which we have described in the 'safe' section of this report. One person's training record showed training dates for courses completed in 2009 and none recorded since. The registered manager told us they were in the process of looking through the training certificates for all staff so that they could update the training matrix. However, at this point in time they were unable to provide us with evidence to show which staff had undertaken training.

This was a breach of Regulation 17 (2) (d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.

All the residents and staff spoke highly of the food. We observed meals to be hot and plentiful and a choice was always on offer. We spoke with the chef, who had worked at the home for seven years. We found they had a good knowledge of the food likes and dislikes of people living at Brierfields, and knew which people required special diets, such as fortified meals if they were underweight, or a soft diet for those people with swallowing problems. The main meal of the day was at lunch time, with a lighter meal at tea time. Snacks and drinks were available throughout the day. We observed a lunchtime meal which was relaxed and there were enough staff to support people individually when this was needed. People were weighed monthly or weekly, according to their level of need. Where people were found to be losing weight they were referred to a dietician for specialist advice.

We looked at how the environment was adapted to cater for the different needs of the people living at Brierfields. Some adaptations had been made to make the place 'dementia friendly', such as the use of people's photographs on their bedroom doors to help them identify their room. Some bedroom doors had been painted in bright colours chosen by the resident and there were black and white pictures of

Manchester displayed on the walls to encourage reminiscence. One person had brought their cat with them to live at the home. They found this to be a comfort and helped reduce their anxiety.

The home had two good-sized enclosed garden areas which contained shrubs and garden furniture. However, some parts of the outside areas required maintenance to improve the environment and make it more pleasant to sit out in and to make the ground level and safe for people to walk in and for those using wheelchairs. We recommend the provider take steps to improve the garden areas and make them easily accessible for all people using the service.

The Mental Capacity Act (2005) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their own best interests and as least restrictive as possible. During our inspection we saw that staff sought peoples' consent before undertaking care and support tasks and people were encouraged to make choices, where they were able.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS provide a legal framework to protect people who need to be deprived of their liberty in their own best interests. At the time of our inspection there were four people living at the home with an authorised DoLS in place and one further DoLS was awaiting authorisation from the local authority. The registered manager kept a record of the expiry dates for all authorised DoLS to ensure new applications were submitted on time. On reviewing our records we found that the CQC had not been notified about the four DoLS authorisations. The registered manager told us they were unaware they were obliged to do so. We have requested this to be carried out in future.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 (part 4). Notification of other incidents.

People had good access to healthcare professionals, such as GPs, district nurses and dieticians. This meant that the service was effective in promoting the health and well-being of people who used the service.

## Is the service caring?

### Our findings

All residents, staff and friends and family visitors informed us that they felt the home offered good care. One person said "The place is bright and cheerful, the staff seem very friendly". Another person told us "It's a very nice place to live".

Staff spoke positively about their work and about being able to care for people. One person said "I love my job. I love working in the caring environment". Staff we talked to discussed residents fondly and with an understanding of their care needs and likes and dislikes.

As part of our inspection we observed how staff interacted with people and how care was provided in the communal areas. We found staff to be patient, caring and considerate when helping people. For example, we watched two carers moving a person using a portable hoist and found that they did this in an unhurried manner and talked to the person throughout the manoeuvre, giving them reassurance. We saw that staff were attentive. For example we watched a carer assist a lady to sit in an armchair. She was patient when the person was mobilising slowly and helped her to sit down and put her feet up. She then covered her with a blanket to help her feel comfortable. We observed that staff spent time chatting with people and the atmosphere was relaxed and friendly.

We saw that people in the home looked cared for: their clothes and appearance were clean. One visitor told us " (name) always looks clean and tidy, which is really important to us". A hairdresser visited the home on a regular basis.

Staff understood the importance of treating people with dignity and respect and we observed this during our inspection. For example, we observed staff knocking on peoples' doors before entering. One visitor commented that the staff were polite, responsive and consistently supportive of their friend who lived at the home. One resident told us that they returned to the home on a yearly basis for a period of respite care. They felt the staff offered them the right balance of privacy and independence.

## Is the service responsive?

### Our findings

People spoke positively about Brierfields. One person said " "I love it here - it's like a hotel". One person told us that their relative had moved into the home initially for a respite stay, but they had settled in so well that they had decided to make it their permanent home. They told us " (name) is joining in with the activities here and has made some friends."

Since our last inspection the service had employed an activities coordinator who worked during the week and who was responsible for planning and coordinating a range of activities. They told us that they had asked people what activities they enjoyed and tried to provide a range of different things so that people did not get bored. An activity board in the lobby displayed a schedule of events, such as bingo, singing, themed events, quizzes, films, pamper sessions and arm-chair exercises. People who used the serviced appeared to be engaged during our inspection with a range of activities.

At our last inspection in February 2017 we identified a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Person Centred Care, as care plans did not reflect peoples' needs and preferences. At this inspection we found the care plans and risk assessments were person-centred and the service was no longer in breach of this regulation.

We looked at the care records of four people who lived at Brierfields and found them to be well ordered and comprehensive. At the front of the file there was a 'one page profile', which detailed information about 'what is important to me, how to support me and what I want from my carers'. There was also an outline of each person's morning and evening routine. These documents provided a brief overview of the person's care needs, which was then expanded in the detailed care plans. The files contained care plans around mobility, communication, elimination, hygiene, mobility and maintaining a safe environment and other areas pertinent to each person. All care plans provided staff with the necessary information to support each individual in a person-centred way. Care files we looked at had been reviewed on a regular basis to ensure the information was all up to date.

Where people were at risk of social isolation because, for example, they liked to remain in their bedrooms, we saw that staff carried out half hourly checks to ensure they did not require any assistance and to offer reassurance and company.

We found that the service responded well to people's needs. For example, one person required a larger bedroom because of specialist equipment, and this was being facilitated following discussion with the resident and their family.

The service had a complaints procedure to guide people through the process of making a complaint and people we spoke with felt confident they could make a complaint if they needed to. We looked at how the complaints procedure had been followed following the receipt of complaint about the behaviour of a member of staff. The registered manager had taken a statement from the staff member, carried out a supervision meeting with them and following discussion with the provider's Human Resources manager had

developed an action plan. The complainant was then informed of the actions taken. This showed the registered manager had taken the correct steps to resolve the complaint.

The service was enrolled on the Six Steps to Success – Northwest end of life care programme for care homes, which aims to provide staff with the knowledge to offer high quality end of life care. The course was being undertaken by the registered manager with the support of a visiting palliative care nurse and they were currently on step four of the programme. The registered manager told us that as part of the programme they were producing a portfolio which would be assessed at the end of the course and would be available as a resource to share with other staff and as a teaching aid. One person spoke highly of the care their relative had received at the end of their life. They told us it had been important that their relative had remained at Brierfields, rather than going into hospital for end of life care. The home had helped facilitate this. It had enabled them to spend as much time as they wanted with their relative and that the person's care needs had been discussed and managed accordingly through good liaison between the home and health care professionals. They told us "I can't fault them (staff)".

## Is the service well-led?

### Our findings

It is a requirement under The Health and Social Care Act (2008) that the manager of a service is registered with the Care Quality Commission. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

At our last inspection in February 2017 we found that although the service had a manager who had taken up their position in May 2016 they had not taken steps to register with the CQC. This was a breach of Regulation 7 of the Health and Social Care Act (2008) (Regulated Activities) Regulations 2014: requirements relating to registered managers. At this inspection we found the service was no longer in breach of this regulation, as the manager had registered with the CQC and their registration had taken effect in June 2017.

At our inspection in February 2017 the service was in breach of Regulation 9 of the Health and Social Care Act 2009 (Regulated Activities) 2008 as care plans did not always reflect the person's needs, wishes and preferences. At this inspection we found an improvement had been made in this area and the service was no longer in breach of this regulation.

At our inspection in February 2017 the service was in breach of Regulation 17 of the Health and Social Care Act 2009 (Regulated Activities) 2008. This was because of poor record keeping and inconsistent management of risk. At this inspection we found improvements had been made in these areas. However, we identified a continued breach of this regulation in relation to quality monitoring and the recording of staff training. We found there was little in the way of regular monitoring of some aspects of the service, such as medication records and during our inspection we identified problems with the safe management of medicines which auditing might have prevented. Although staff told us they had undertaken recent training the registered manager had not kept the training matrix up-to-date to keep track of when staff training was due.

From our discussions with the registered manager during our inspection we found them to be motivated and keen to continue improving the service. They told us they were supported by the home owners, who visited regularly and that the owners responded positively to any reasonable requests for resources. However, at the time of our inspection the registered manager did not have a deputy manager or any administrative support to help with the day to day running of the home and implementation of further improvements. All the administrative work, writing of care plans, quality monitoring and general managerial tasks were her sole responsibility. We were told the provider was in the process of recruiting a deputy manager to assist with this work and the registered manager did undertake an interview on the day of the inspection from a potential candidate. We explored the role of the deputy with the registered manager and were concerned that no job description was in place, and no firm ideas on what this role would entail on a daily basis. We recommend the registered manager in discussion with the provider ensures that a full and detailed job description is drawn up for this role so that it may support the registered manager fully.



People told us that they felt standards had improved at the home since the registered manager had taken up their post. One visiting healthcare professional told us "It feels different" and "She's motivated. She wants to get it right". A relative commented "The manager is very helpful and keen to make sure (name) is settling in". One member of staff told us that since there had been a change of management staff felt better informed, undertook more training and were encouraged to challenge any poor practice. Staff told us they would escalate any issue affecting the home and its residents to the registered manager, and they felt comfortable doing so. We observed there to be a good rapport between the registered manager and staff during our inspection.

Staff meetings were held every few months. We looked at the minutes of the meetings held during 2017 and saw that a range of topics were discussed. These included discussions around dignity and privacy, documentation, quality of care, and health and safety. Staff meetings provide an opportunity for important information to be passed to staff and for staff to air any concerns they have about the service.

The service maintained links with a local secondary school and children from years 10 and 11 regularly visited the home to help with activities and interact with people living there. People we spoke with commented about the positive effect of this relationship, for both the school children and residents, and felt that it provided a level of connection between the home and the local community. We observed the school children visiting the home on the day of the inspection and chatting to people in a friendly and enthusiastic manner.

From 1 April 2015 it has been a legal requirement of all services that have been inspected by the CQC and awarded a rating to display the rating at the premises and on the service's website, if they have one. Ratings must be displayed legibly and conspicuously to enable the public and people who use the service to see them. During this inspection we saw that the rating from our last inspection was on display near the office door. The provider does not have a website.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents  The provider had failed to notify the Care Quality Commission of authorised Deprivation of Liberty Safeguards.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider had failed to manage medicines safely.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  There were limited systems in place to monitor the quality of the service. The training matrix was not up-to-date.